TARRANT COUNTY'S CREDIT UNION

GRADUATING HIGH SCHOOL SENIORS

2024 TARRANT COUNTY'S CREDIT UNION SCHOLARSHIP FUND CONTEST APPLICATION

Last Name:	First:	Middle Initial:
Name of Parent or Guardi	an:	
Permanent Mailing Address:		Apt. #:
City:	State:	Zip:
Home Telephone:	E-mail A	ddress:
Tarrant County's Credit U	nion Account Number:_	
High School Name:		Graduation Date:
City:	State:	Telephone:
-	· -	enroll:Telephone:
4-yr College/University	2-yr Community o	r Jr. CollegeVocational/Technical
Major (If Known):		Full Time or Part Time
Briefly discuss your caree	r plans as they relate to	your educational experience:
How did you hear about th	ne Tarrant County's Cred	lit Union Scholarship Contest?
Newsletter	Offi	ceTCCU Member
Other		

Video Scholarship Contest Information: If you choose to submit a video, complete the following information.

Your Video Submission
Video Title:
Video URL:
Contest Agreement (Please initial)
By initialing below, you agree to the terms and conditions of the video scholarship contest.
I have read and understand the official contest rules. If under 18 years of age, my parent/legal guardian has given me consent to enter this contest.
The video I am submitting does not contain any copyrighted, inappropriate, or otherwise prohibited content.
I understand that in order to claim the scholarship I must enroll for the fall semester of 2024.
Applicant's Signature:Date:
***Please remember to attach your three letters of recommendation and forward to:

• <u>mburleson@tccu-tx.com</u>

OR

• Scholarship Committee, Tarrant County's Credit Union, 200 Taylor Street, Suite 215, Fort Worth, TX 76196